



Health Savings Account: Employee Contribution Change Form

Dodge County

Plan Dates

1/1/2019- 12/31/2019	26
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Plan Year

Number of Pay Periods

Please Return this Form to Dodge County Human Resources:
127 E Oak Street, Juneau, WI 53039

Note: If you are making more than one contribution amount throughout the year, you will need to complete a separate form for each contribution amount.

Employee Information (Please Print Legibly)

Employee's Name		Date of Birth	Social Security Number
Home Address:			
Home Phone	Email Address (we do not share your email address)		

Additional Election Amounts

Start Date of Contribution

Must be a Pay Date:

End Date of Contribution

Must be a Pay Date:

Yearly Max. Employer+Employee:
\$3500 Single \$7000 Family Age
55+ additional \$1000

**Employee Contribution
(per pay period)****Employee Contribution
(# of pay periods)****Total Employee Contribution
for this period**

Pre-Tax H.S.A. Contributions

X

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Signature and Acknowledgement

By affixing my signature below, I certify that I have examined this agreement and understand and agree to comply with the terms and conditions of the Plan. If this is a change in status, I certify that this change is consistent with the Qualifying event. I agree to hold my employer harmless from any liability to my participation in this plan.

Employee Signature

Date